



## SNAP, CAP and MAP Periodic Change Report (PCR)

Center	Case Number	ES Code
Case Name and Mailing Address:		
Return between the 1st and 10th of:	Month:	Year:

CHECK HERE IF YOU HAVE  
**NO CHANGES TO REPORT:** ☐

Even if there are no changes to report,  
**BE SURE TO SIGN AND DATE ON THE BACK**

**TO CONTINUE YOUR BENEFITS RETURN THIS BY THE 10TH OF:** \_\_\_\_\_

- You **must** turn in this form to get benefits.
- Answer the questions for yourself and all persons living with **you** for: \_\_\_\_\_
- Attach a sheet of paper if you need more room.
- ATTACH PROOF** of what you report.
- If you need help with this form, you may call the numbers of the centers provided for assistance.

→ (Indicate the 5th month from the most recent certification begin month on this line).

Northern:	635-7432/7488
Central:	735-7245/7274
Southern:	828-7542

**Your benefits may be delayed if:**

- You return this form after the 10th of the month, or
- It is incomplete, or
- You do not complete and return the form by the end of the month this form is due.**

### How to Use This Form

This form is needed to show that you are still eligible for SNAP benefits.

Answer **all** questions about who lives with you.

Give **all** household income from **all** sources. This includes **earned income** (i.e. paycheck or cash from employment or service rendered and tips) and **unearned income** (i.e. Social Security, GovGuam Retirement, money given from family or friends, etc.) for **all** household members.

**BE SURE TO SIGN AND DATE ON THE BACK**

**By signing this form, I understand and agree to the following conditions:**

- ▶ I **MUST** return this form to get benefits. I **MUST** wait until the return date at the top of this form to be sure I have reported **all** information.
- ▶ I can talk to my worker or a person in charge if I have questions about this form.
- ▶ I will report all people living in my home whether they receive Food Stamp/SNAP benefits or not.
- ▶ If I quit a job without a good reason, I may lose Food Stamp/SNAP benefits for myself.

1) **RESIDENCE:** Our records show that you live at:

\_\_\_\_\_

Do you still live at this address? ☐ YES, go to (2) ☐ No, please complete below.

Home Address	City	State	Phone number(s)
Mailing Address	City	State	Phone number(s)
Do you pay for housing? (If yes, complete below) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RENT or <input type="checkbox"/> MORTGAGE			
Amount you pay monthly? \$	Insurance per year? \$	Property tax, if separate: \$	per year: \$
Check all utilities you pay for: <input type="checkbox"/> Power \$ <input type="checkbox"/> Gas \$ <input type="checkbox"/> Water \$			
<input type="checkbox"/> Sewer \$ <input type="checkbox"/> Trash \$ <input type="checkbox"/> Telephone \$			

2) **Who lives at this address with you?** (List each person living in your home.)

Name (Last, First, Middle)	Relationship to you	Sex (Circle One)	Date of Birth	Wants SNAP? (Circle One)	Purchase and prepare meals with you? (Circle One)
	Self	M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N

Name (Last, First, Middle)	Relationship to you	Sex (Circle One)	Date of Birth	Wants SNAP? (Circle One)	Purchase and prepare meals with you? (Circle One)
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N
		M F		Y N	Y N

Are you or anyone living with you **NO LONGER** a student?☐ YES☐ NO

If Yes, who? \_\_\_\_\_

Name of school last attended? \_\_\_\_\_

Period of

attendance: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

**3) Paying Child Support**

If anyone living with you is court-ordered to pay child support, has the court order changed?

☐ YES☐

NO

**4) Does anyone work? If yes, complete below.**☐ YES☐ NOList each job for each person who works. Attach proof (PAY STUBS) for the income you received in the **report month**.

If you are self-employed, check here <input type="checkbox"/>	JOB #1	JOB #2	JOB #3
Person Working			
Employer's Name and Phone Number			
Job Title			
Hourly Pay	\$	\$	\$
Hours per Week			
How often are you paid? (Daily/Weekly/Bi-Weekly/Bi-monthly/Monthly)	\$	\$	\$
Tips, overtime, bonuses or commission? (Please circle those which apply)			
Will this income continue?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
New amount?	\$	\$	\$
Date of change?			
If you are not paid by the hour, explain your income here:			
If your income will change, give the reason for the change here:			

**5) Does anyone get money from any other source?**☐ YES☐ NO

(If YES, complete below. Attach proof.) Some examples are:

Social Security

Veterans Benefits

Student Income/Money for school

Loans/Gifts

Interest Income

Worker's Compensation

Child Support

Name of Person Who Has Other Money	Source of Other Income	How Often Paid?	Amount of Each Payment?	Amount This Month?	Will This Income Continue?
If income will change, give the new amount. What is the reason for the change and when will it change?					
<b>READ and SIGN:</b> The information I give on this form is true and complete. I have read all pages on this form and understand it. I agree to the conditions on page 1.					
Signature of Person Completing this Form			Phone #	Date	

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